



LICENSING DIVISION
P.O. Box 989003
West Sacramento, CA 95798-9003
(800) 952-5210



Application For
Corporation
Partnership
Individual

CEMETERY BROKER'S LICENSE

Pursuant to the provisions of Chapter 19, Division 3
 Of the Business and Professions Code

FEE \$400.00

License must be renewed annually by June 30th.

Do Not Write In This Space

Date Recvd _____

License No _____

Date _____

Important:

- Before filling out this application:
 - read instruction on reverse side of this page and all information included in this application.
- Mail application with ALL requirements¹ and correct fee to the Licensing Division.
- Remit fee by check or money order made payable to the Licensing Division- **DO NOT SEND CURRENCY.**
- You will be notified when and where to appear for the examination.
- It is mandatory ALL questions are answered. Failure to provide any information will result in the application being rejected as incomplete. Fee is not refundable.

Per California Civil Code Section 1798.17 (Information Practice Act), the Director of the Department is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code.

Exact Name of Corporation or Partnership or Full Name of Individual			
1. Name of Applicant			
Full Name and Title of Officer or Partner			
2. Officer or Partner			
(Individual)			
3. Social Security Number ²		4. FEIN ²	
Number and Street or Post Office Box Number		City	State Zip
5. Business Address			
Area Code		Telephone Number	
6. Business Telephone			
7. I wish my license to be: <i>please check response</i> issued as soon as possible held until July 1st			

I CERTIFY UNDER THE LAWS OF THE STATE THAT the answers given in this application are true and correct, and that if licensed, I will not violate any provisions of the Cemetery Act nor misuse the privileges of the registrants.

Signature _____ Date _____

¹ This application must be accompanied by the documents and information enumerated in Section 2326 of the Rules and Regulations of the State Cemetery Program (PLEASE SEE REVERSE SIDE).

² Disclosure of your social security number (SSN) and/or federal employer identification number (FEIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C) authorizes collection of your SSN or FEIN. This information will be used exclusively for tax enforcement purposes and for the purposes of compliance with Section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your SSN or FEIN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.

INSTRUCTIONS

1. General

- a. Application is to be signed by the applicant. In the case of a corporate or partnership application, the officer or partner named must sign the application.
- b. Question 8 through 14 pertain to the individual applicant, the officer named on a corporate application, or the partner named on a partnership application.

2. Documents to Accompany Application

- a. If individual, officer, or partner, has not been licensed as a cemetery salesperson for a period of two years, the application is to be accompanied by a written request for waiver setting forth at least two years of general cemetery business.
- b. Corporate applications are to be accompanied by a certified copy of that portion of the minutes of the corporation wherein the officer named on the application was authorized to file the application on behalf of the corporation.
- c. All brokerage contracts are subject to approval by the Cemetery Program and any proposed contracts should accompany this application.

3. Examinations

- a. You will be notified of the time and place for the written examination.

4. Surety Bonds

- a. All brokers who do not possess a certificate of authority must file a \$10,000 Surety Bond.

Number and Street or Post Office Box Number		City	State	Zip
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8. Residence Address				
Area Code	Telephone Number	Month	Day	Year

9. Residence Telephone	10. Date of Birth
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11. Previous Licenses:				
a) Have you ever been license as a cemetery broker or salesperson by this or any other state?	YES	NO		
If yes, broker or salesperson? Do you have a license in force now? <i>Check one</i>	YES	NO		
b) Have you ever had a license as a cemetery broker or salesperson denied, suspended, or revoked?	YES	NO		
c) Have you ever had any other business or professional license denied, suspended, or revoked, or otherwise disciplined?	YES	NO		
If answer is YES to any of the above, give full details:				
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12. Have you ever been convicted of any violation of law?	YES	NO		
<i>This item refers to all violations of the law, other than minor traffic violations; including misdemeanors or any matter where a plea of Nolo Contendere was permitted.</i>				
If answer is YES, give full details:				
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13. Have you ever used any name other than the name given in this application?	YES	NO		
If answer is YES, give full details:				
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14. Employment Experience During Past Five Years : <i>list in chronological order</i>					
From:	To:	Name of Employer			
Your Position		Address	Number and Street	City	State Zip

From:	To:	Name of Employer			
Your Position		Address	Number and Street	City	State Zip

From:	To:	Name of Employer			
Your Position		Address	Number and Street	City	State Zip

From:	To:	Name of Employer			
Your Position		Address	Number and Street	City	State Zip

From:	To:	Name of Employer			
Your Position		Address	Number and Street	City	State Zip

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